

COMBINED DECLARATION AND POWER OF ATTORNEY IN ORIGINAL APPLICATION	ATTORNEY DOCKET NO. SPL-53
---	-------------------------------

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below next to my name; that
I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint
inventor (if plural inventors are named below) of the invention entitled:

IMPLANTABLE, PROGRAMMABLE MEDICATION INFUSION SYSTEM

described and claimed in the attached specification, that I understand the content of the attached specification,
that I do not know and do not believe the same was ever known or used in the United States of America be-
fore my or our invention thereof, or patented or described in any printed publication in any country before
my or our invention thereof or more than one year prior to this application, that the same was not in public
use or on sale in the United States of America more than one year prior to this application, that the invention
has not been patented or made the subject of an inventor's certificate issued before the date of this applica-
tion in any country foreign to the United States of America on an application filed by me or my legal repre-
sentatives or assigns more than twelve months prior to this application, that I acknowledge my duty to dis-
close information of which I am aware which is material to the examination of this application, and that no
application for patent or inventor's certificate on this invention has been filed in any country foreign to the
United States of America prior to this application by me or my legal representatives or assigns, except as
follows: None

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact
all business in the Patent and Trademark Office connected therewith:

Robert E. Archibald, Reg. No. 20,934

Address all telephone calls to Robert E. Archibald at telephone no. (301) 953-7100 (X7604)

Address all correspondence to Robert E. Archibald, Applied Physics Lab., Johns Hopkins Road,
I hereby declare that all statements made herein of my own knowledge are true and that all statements Laurel, MI
made on information and belief are believed to be true; and further that these statements were made with 20810
the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or
both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may
jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR <u>Robert E. Fischell</u>	INVENTOR'S SIGNATURE <u>Robert E. Fischell</u>	DATE <u>25 Apr. 1979</u>
RESIDENCE <u>1027 McCeney Avenue, Silver Spring, MD</u>	CITIZENSHIP <u>USA</u>	
POST OFFICE ADDRESS <u>Applied Physics Laboratory</u> <u>Johns Hopkins Road, Laurel, MD 20810</u>		
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS <u>Applied Physics Laboratory</u> <u>Johns Hopkins Road, Laurel, MD 20810</u>		
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE	CITIZENSHIP	
POST OFFICE ADDRESS <u>Applied Physics Laboratory</u> <u>Johns Hopkins Road, Laurel, MD 20810</u>		